WHIDBEY GENERAL HOSPITAL
Coupeville, Washington

ADMINISTRATIVE POLICY

TITLE: FINANCIAL ASSISTANCE/CHARITY CARE

Original

Date: 5/95

APPROVED BY: _____ **Revision**
Date: 12/06

ADMINISTRATOR

POLICY:

It is the policy of Whidbey General Hospital to provide appropriate medical services to all patients regardless of their ability to pay. In accordance with WAC 261-14, Whidbey General Hospital has a responsibility to provide an appropriate level of financial assistance/charity care for those patients with limited or no ability to pay for their medical services.

The purpose of this policy is to outline how Whidbey General Hospital will fulfill this obligation to provide financial assistance to its patients who meet the criteria for financial assistance. Whidbey General Hospital is a public district hospital. Assistance will be based on federal poverty guidelines and will be granted regardless of race, creed, color, sex, national origin, age, sexual orientation, disability or source of income.

The following factors will be used as guidelines in determining the appropriateness of reducing a patient's bill due to lack of ability to pay.

1. The patient has no or insufficient insurance coverage and/or has exhausted all third party resources including Medicaid (DSHS).
2. When applicable, the patient has applied for Medicaid (including disability). When requested, patient will need to provide verification of ineligibility for Medical Assistance and the reason.
3. The patient's/guarantor's gross income is below 200% of the federal poverty standards adjusted for family size.
4. No uninsured patient with income under 100% of the federal poverty level is required to pay for their care (hospital owned clinics are exempted from this and follow their own guidelines).
5. No uninsured patient with an annual income under 200% of the federal poverty level is required to pay more than the estimated cost of their care (Cost id the charge times the hospital's average cost to charge ratio).
6. No uninsured patient with an annual income under 300% of the federal poverty level is required to pay more than 130% of the estimated cost of their care (Cost id the charge multiplied by the hospital's average cost to charge ratio). Cost to charge ratio may change annually as it is determined from the Year End financials reported to the Department of Health.

7. Whidbey General Hospital may offer financial assistance when family income is in excess of 300% of the federal poverty standards when proof of financial hardship/medical indebtedness has been established.
8. A sliding fee scale based on the federal poverty level is used to determine partial assistance for patients with incomes between 100% and 200% of the level.
9. When evaluating the application, the income will be annualized and processed based on the documentation provided by the patient. Whidbey General Hospital will take into consideration last year's income earnings (tax statement), anticipated earnings based on current documentation, seasonal employment, and unemployment status.
10. Financial assistance applications and instructions and instructions are furnished to patients when requested or when the hospital has identified a need based on the information provided in the interview process. All applications, whether initiated by patient or Whidbey General Hospital, must be accompanied by verification of income.
11. Patient will be expected to complete and return the application along with supporting documentation within 14 days of receipt.
12. Whidbey General Hospital will make a determination within fourteen days of receipt of all documentation. Written notification will be sent to the applicant in accordance with the W.A.C.S.
    a. The patient has 30 days from the receipt of notification to appeal their decision. The appeal must be made in writing and will be considered by the Chief Financial Officer.
    b. After determination and in accordance with Washington Code, the patient will be given at least 14 days to pay their account prior to Whidbey General Hospital sending it to an outside collection agency.
13. Patients who have accounts turned over for collection may be given a financial assistance application under the following circumstances:
    a. No application was done prior to being turned over to the agency.
    b. Income situation has changed so as the patient now demonstrates medical indebtedness.
    c. The account has not been at the collection agency over three (3) months.
    d. The collection agency has not initiated legal proceedings against the patient.
14. In accordance with Federal Law, people who are visiting this country (no current green card indicating resident alien status) will not be eligible for financial assistance.
    a. if a patient is sponsored into this country, the sponsoring individual will be responsible for completing financial assistance forms if financial assistance is requested.
    b. Emergency services may be offered assistance on a case by case basis.
15. The Hospital District will accept Medicaid or Basic Health Plan of Washington's eligibility determination as documentation of the federal poverty level and will write off a portion or all of the account accordingly. This includes the dual enrolled Medicare/Medicaid patients as outlines below:

    •Qualified Medicare Beneficiary (QMB) – For those who qualify, Medicaid pays for Medicare Part A premiums, Part B premiums and Medicare deductibles and coinsurance for Medicare services. Incomes is equivalent to 100% FPL.

•Specified Low Income Medicare Beneficiaries (SLMB) – Medicaid pays for Medicare Part B premiums for individuals who have Medicare Part A, as low monthly income and limited resources. Income is equivalent to 120% FPL.

16. Prima Facia Write Offs. In the event that the responsible party's identification as an indigent person is obvious to the hospital personnel and the hospital can establish that the applicant's income is clearly within range of eligibility, the hospital will grant financial assistance solely on this determination.
17. Provided there is not a change to reported income, determination of eligibility for uncompensated care will remain valid for the calendar year for Medicare patients and three (3) months for all other patients.
18. All information relating to the application will be kept confidential.
19. The Rural Health Clinics provide assistance on a sliding fee scale service up to 250% of the Federal Poverty Level. Documentation and determination is maintained at the Rural Health Clinics.

EXCEPTIONS TO POLICY:

Elective services are not eligible for assistance

a. Cabulance
b. Cosmetic services
c. Complementary Alternative Medicines
d. Non Medically necessary services e.g. tubal ligation, circumcision. Comfort care, etc.

References:

PFS Financial Assistance Policy
WAC 246 453 030 (3)
246 453 030 (4)
246 453 020 (10)
WSHA Hospital Voluntary Effort on Billing to the Uninsured Pledge
Published Federal Poverty Guidelines
Catastrophic Medical Hardship Administrative Policy